

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/799,944
Filing Date	March 11, 2004
First Named Inventor	Gerald G. Lyman
Art Unit	3624
Examiner Name	Unassigned
Attorney Docket Number	022203-000100US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

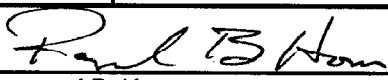
The reasons for this request are: Client requested return of files. Client knowingly and freely assents to termination of the employment of the undersigned.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Gerald G. Lyman		
Address	27221 Ortega Highway, Suite 342		
City	San Juan Capistrano	State CA	Zip 92675
Country	US		
Telephone		Email	
Signature			
Name	Raymond B. Hom	Registration No.	44,773
Date	October 5, 2006	Telephone No.	(858) 350-6100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.